

many years study. Here we are trying to study whether there is a relationship between MS and eating disorders.

Methods and Material: From 1024 MS patients who were examined in our clinic in the last 10 years we singled out 28 patients (19 female and 9 male) who suffered from clear eating disorders such as extreme obesity, anorexia nervosa, bulimia, explosive obesity syndrome e.t.c. All these patients were undergoing medical treatment with mitoxantrone for the period of one year. They also were examined according to Kurzke DSS scale at the beginning and at the end of the treatment. The above results were compared.

Results: All the patients presented a significant improvement after the treatment with mitoxantrone apart from 3 patients who besides MS they suffered from extreme obesity. On the contrary, the MS patients who suffered from anorexia nervosa or bulimia showed a simultaneously improvement.

Conclusion: According to the results we observe that there is a nosological relationship between MS and bulimia or anorexia which is influenced by the immunosuppressive therapy. This fact challenges us for further research to prove whether bulimia and anorexia have an autoimmune character

P01.70

OXCARBAZEPINE AS A MOOD REGULATOR: ITS EFFICACY, SAFETY AND TOLERABILITY VERSUS CARBAMAZEPINE

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Objective: To assess efficacy, safety and tolerability of Oxcarbazepine as a mood regulator vs. Carbamazepine.

Materials and Methods: A total of 13 outpatients were included in this open-label, comparative, naturalistic study, meeting DSM-IV diagnostic criteria for bipolar mood disorders. Nine of these patients had given Carbamazepine in beginning of therapy; four patients instead could not take on it because Carbamazepine was not suitable (liver or haematic complaints; low compliance to monitoring parameters); they since beginning took on Oxcarbazepine. All the patients were periodically effecting a general haematologic exam as well as an electrocardiogram. "Global Assessment Scale" was adopted in determining the effects of Oxcarbazepine treatment, before beginning treatment and after six weeks. Tolerability was assessed, during clinical interviews, by registering treatment-emergent averse events and valuing the monitored parameters data too.

Results: The valuation of the effects of Oxcarbazepine treatment after six weeks with "Global Assessment Scale" shows that all the patients obtained more than 90 points.

Tolerability: All the nine patients, that initially took on Carbamazepine and needed to stop it (with its replacement with Oxcarbazepine), subsequently presented a clear-cut improvement of own monitored parameters (liver, haematic, cardiac and dermatological parameters); these parameters were "regular" (after eight weeks treatment) also in that patients that since beginning took on Oxcarbazepine.

Conclusions: In this naturalistic study Oxcarbazepine demonstrated its considerable efficacy as a mood regulator and especially its safety and tolerability vs. Carbamazepine.

P01.71

HELP-SEEKING BEHAVIOUR AND COPING PRECEDING FIRST PSYCHIATRIC ADMISSION OF PSYCHOSIS PATIENTS

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Background: Several first-episode studies of schizophrenia indicate that many patients experience active symptoms for one year or longer before receiving appropriate medical treatment. To reduce this time without treatment it is necessary to know the pathways to psychiatric care and patients' help-seeking behaviour.

Method: In the present study a sample of about 50 first-episode psychosis patients from a rural region in south Germany should be interviewed with the Interview for the Retrospective Assessment of the Onset of Schizophrenia (IRAO) and a questionnaire of coping behaviour. The results will be represented in a pathway diagram, showing typical pathways and associated time delays.

Results: Until now 32 patients have been included with a mean duration of untreated psychosis of 69 weeks. 28% of the patients had no contact with any helpers and only 13% made the first contact with a general practitioner. The patients started help-seeking behaviour (mean) 238 weeks after the first prodromal symptom and it took (mean) 81 weeks between the first helping contact and admission. Different kinds of coping behaviour (e.g. talk to a person to whom one relates most closely, watching TV, playing sports, taking drugs, avoid contact,) were reported by 29 patients.

Conclusion: Our data on the early course of illness and the duration of untreated psychosis are corresponding well with results of other studies. In contrast, only a small number of patients in this region made their first contact with a general practitioner. There were high individual differences on the pathways to psychiatric care. These preliminary results suggest that information campaigns with the aim of reducing the duration of untreated psychosis should be addressed to a broad general public, not only to professionals.

P01.72

PSYCHOSOCIAL STATUS OF FEMALE TRANSEXUALS AFTER SURGICAL SEX REASSIGNMENT

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The problem of psychosocial functioning of the persons who have changed sex is leaving actual in Russia. We have studied the indices of level of psychosocial adaptation in 120 female-transsexuals /FT/ (average age 30.5 years) before sex reassignment and five years after it. Social, professional, financial, sexual and psychical status was evaluated by the special scales. The progress of FT post-surgical adaptation in male sex role was conformed by the date about receipt higher or middle education, occupation, stable work, salary, presence of sexual partner, civil or legal marriage (87%). The dynamic of patients psychic peculiarities was characterized by emotional stabilization, raising of the mood, establishing the sense of spiritual comfort and satisfaction of they appearance.

Follow-up has showed: 1) sufficiently high degree of FT psychosocial adaptation which mostly marked in post-operative period than before operation; 2) the same level of adaptation in male sexual role of FT who undergone surgical correction fully as well as partly without fallo-plastic gender reassignment surgery.